CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Date Signed _

(month, day, year)

NT OF ECONOMIC INTERESTS

COVER PAGE

Date Received

A PUBLIC DOCUMENT Please type or print in ink. NAME OF FILER (LAST) 1. Office, Agency, or Court Agency Name ▶ If filing for multiple positions, list below or on an attachment. Position: _ 2. Jurisdiction of Office (Check at least one box) State ☐ Judge or Court Commissioner (Statewide Jurisdiction) Multi-County .___ County of ______ City of ___ Other ____ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2011, through Leaving Office: Date Left ____/___ December 31, 2011. (Check one) -or-O The period covered is January 1, 2011, through the date of The period covered is ______, through leaving office. December 31, 2011. O The period covered is _______, through Assuming Office: Date assumed ____/___/_ the date of leaving office. Candidate: Election Year _____ Office sought, if different than Part 1: ____ 4. Schedule Summary ► Total number of pages including this cover page: _____ Check applicable schedules or "None." Schedule A-1 - Investments ~ schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached None - No reportable interests on any schedule herein and in any attached schedules is true and complete. I acknowledge this is a I certify under penalty of perjury under the laws of the State of California that

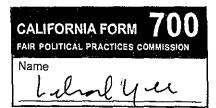
Signature

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Ul y y y

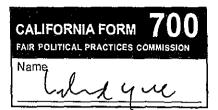
ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS SAAHALLA	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
Bul Ch.	CITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED S0 - \$499	IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499.
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
* You are not required to report loans from commercia business on terms available to members of the publi loans received not in a lender's regular course of bus	
* You are not required to report loans from commercia business on terms available to members of the publi	c without regard to your official status. Personal loans and
* You are not required to report loans from commercia business on terms available to members of the publi loans received not in a lender's regular course of bus	c without regard to your official status. Personal loans and siness must be disclosed as follows:
* You are not required to report loans from commercia business on terms available to members of the publi loans received not in a lender's regular course of business of LENDER*	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER*
* You are not required to report loans from commercia business on terms available to members of the publi loans received not in a lender's regular course of business OF LENDER* ADDRESS (Business Address Acceptable)	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
* You are not required to report loans from commercia business on terms available to members of the publi loans received not in a lender's regular course of business of Lender. NAME OF LENDER. ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
* You are not required to report loans from commercia business on terms available to members of the publi loans received not in a lender's regular course of business of Lender. NAME OF LENDER. ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Whome	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
* You are not required to report loans from commercia business on terms available to members of the publi loans received not in a lender's regular course of business of Lender. NAME OF LENDER. ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
* You are not required to report loans from commercia business on terms available to members of the publi loans received not in a lender's regular course of business received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD S500 - \$1,000	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
* You are not required to report loans from commercia business on terms available to members of the publi loans received not in a lender's regular course of business of Lender. NAME OF LENDER. ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
* You are not required to report loans from commercia business on terms available to members of the publi loans received not in a lender's regular course of business received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)

SCHEDULE D Income - Gifts



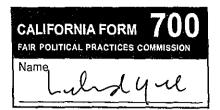
ADDRESS (Business) Address Acceptable) [127-11 th St # 425 BSAC BUSINESS ACTIVITY, IF ANY, OF SOURCE	ADDRESS (Business Address Acceptable) 834-2844 Ave SF BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 1, 3, 11 , 29.05 Reception	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) Bobble Head
NAME OF SOURCE Prof Frrefighting ADDRESS (Busiless Address Acceptable) 1780 Cruelling OAG SAC	NAME OF SOURCE CACY Pric Comin ADDRESS (Business Address Acceptable) 880 Fo(80n)3 voltt 72 Sucart
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 3, (4, (1, 65.78, 2, Boxe b Rece
NAME OF SOURCE LOCA Cola ADDRESS (Business Address Acceptable) 25 00 Windy Right GA BUSINESS ACTIVITY, IF ANY, OF SOURCE	NAME OF SOURCE CACH Fordati of Aq. ADDRESS (Business Address Acceptable) 2300 QVA PLAZA #100 SAC BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 3,10,11 s.1.25 Cold Bottle	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 3,22,11, 10 Fruit.
Comments:	

SCHEDULE D Income - Gifts



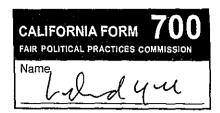
▶ NAME OF SOURCE	▶ NAME OF SOURCE
Ereen Acres	Carfil Citas Matual
ADDRESS (Business Address Acceptable)	Apparago to the Arthur Arthur
850 1 Jackson Road 1AC 95826	3(2 N. KAWRAH AN Exeter
BUSINESS ACTIVITY, IF ANY, OF SOURCE	DIGINITION ACTIVITY IF ANY OF POLITICE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
3,23,11 10 Peach Tree	4,26,11, 8.65 Ovanges -
1 1 6	
NAME OF SOURCE	NAME OF SOURCE
call Women of Ag	Telly Belly
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
250 NATIVIDAD Rd Salmins	1 Telly Bully Fait end 9453
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
3,23,11 ,10 Fruts	4,27,11,50. Chrdy
\$	\$ 500000
\$	\$
// \$	
D NAME OF SOURCE	NAME OF SOURCE
CALY State Floral 1455	ADDRESS (Business Address Acceptable)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1521 I St SAC 95814	80 S. LA(C AVC #538 PASadena
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
3 23, 11 , 16.95 Howers	5,10, 11, 20 Cloth Brig
J 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$
	\$
1 1 6	
	II
Comments:	
Comments.	

SCHEDULE D Income - Gifts



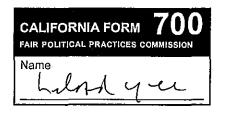
	· •—— •—— •—— ·—— ·— ·— ·
ADDRESS (Business Address Acceptable) 250 NATIVIDAD Salvings BUSINESS ACTIVITY, IF ANY, OF SOURCE	NAME OF SOURCE CACY Physic They Ass ADDRESS (Business Address Acceptable) 28 80 GAtenry DAKs Drittly BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) S, 17, 11 s Pustaria	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 7,18,11 s Postnote -
NAME OF SOURCE	NAME OF SOURCE SAVe Verron Jobs Coplicon
ADDRESS (Business Address Acceptable) LLIS Boord # 400 New York BUSINESS ACTIVITY, IF ANY, OF SOURCE	ADDRESS (Business Address Acceptable) 3801 S. Santa Fr. Av. Vernon BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 6,6,(1,654) P(AyDoh)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 8,15,11
NAME OF SOURCE Bear + Bes Dist	NAME OF SOURCE
ADDRESS (Business Address Acceptable) 145.2 St. # 890 SHCM. BUSINESS ACTIVITY, IF ANY, OF SOURCE	ALLY GNAPS + True Fruit ADDRESS (Buliness Address Acceptable) 978 W. HINV in \$\$\text{\$\tex{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 8,24,11
Comments:	

SCHEDULE D Income - Gifts



> NAME OF SOURCE Prul + Toy Bay(e	► NAME OF SOURCE
ADDRESS (Business Address Acceptable) 4 4 0 (What Strd # 900	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY HE ANY, OF SOURCE AMELO Vinging 22 203	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) WALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
17/6/11 : 44.95 Papcom.	\$
	\$
DALL MATTER	► NAME OF SOURCE
ADDRESS (Business Address Acceptable) 980 Druck St # 212 SF	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12,20,11 \$ 47.30 CAMAY	·
	\$
	\$
▶ NAME OF SOURCE	▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
	\$
Comments:	

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- · You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

NAME OF SOURCE Pay Charl Aza	► NAME OF SOURCE
ADDRESS (Business Address Acceptable) 750 15+ S+ NE WARTEDE	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE \$501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S): 3,17,11 AMT: \$ 833,65	DATE(S)/
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income	TYPE OF PAYMENT: (must check one)
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description AW And Prophetics 2	Other - Provide Description
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):/	DATE(S):/
TYPE OF PAYMENT: (must check one)	TYPE OF PAYMENT: (must check one) Gift Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
Comments:	